

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa  
 t/a DSV Distribution  
 PO Box 63, The Reads 0081  
 Tel: (012) 673-2000  
 Reg. No. 2004/015747/07  
 VAT Reg. No. 4250213873



SUBBD26059205


<b>Sender's Details</b>		<b>Consignee's Details. Full Street Address Please</b>				<b>Mark Service Required</b>	
Company Name: <b>LE CREUSET</b>		Company Name: <b>Block B, Bryanston Gate, corner Curzon &amp; Main Road.</b>				<input type="checkbox"/> Same Day	
Street Address: <b>UNIT 5, HERON PA OLIVE GROVE IND EST OLD PAARDEVLEI RD</b>		Street Address: <b>Bryanston</b>				<input type="checkbox"/> Express	
Suburb: <b>SOMERSET WEST</b>		Suburb: <b>Bryanston</b>				<input type="checkbox"/> With Sunrise Option	
City/Town: <b>CPT</b>	Postal Code: <b>7150</b>	City/Town: <b>JHB</b>	Postal Code: <b>2191</b>	<input type="checkbox"/> With Saturday Service		<input type="checkbox"/> Public Holiday Service	
Contact: <b>MARY</b>		Contact: <b>Clive &amp; Fiona Douglas</b>				<input type="checkbox"/> Economy	
Phone: <b>021 851 7178</b>		Phone: <b>083 6564698</b>				<input type="checkbox"/> After Hours	
Destination Country: <input checked="" type="checkbox"/> South Africa		<input type="checkbox"/> Botswana		<input type="checkbox"/> Lesotho		<input type="checkbox"/> Namibia	
<input type="checkbox"/> Swaziland		<input type="checkbox"/> Other		<input type="checkbox"/> (Please Specify)		<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference: <b>Clive &amp; Fiona Douglas</b>		Analysis Code: <b> </b>					
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No: <b>027877</b>		Bill To: <input type="checkbox"/> Sender		<input checked="" type="checkbox"/> Consignee		<input type="checkbox"/> Other (Name Please)	
IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER (SEE CLAUSE 12.4 OVERLEAF). GOODS ARE SHIPPED AT OWNERS RISK SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. DSV DISTRIBUTION LIMITS ITS LIABILITY TO R 250.00 PER SHIPMENT. (SEE CLAUSE 12.5 OVERLEAF). IF YOU WISH DSV DISTRIBUTION TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED. (SEE CLAUSE 12.5, 12.6 AND 12.7 OVERLEAF).							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>				e-mail Address / Fax Number			
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>	<b>LENGTH (CM)</b>	<b>WIDTH (CM)</b>	<b>HEIGHT (CM)</b>	<b>Total Mass (Kg)</b>	
<b>1</b>		<b>1</b>	<b>27</b>	<b>27</b>	<b>27</b>	<b>4</b>	
<b>Goods received in full without damage (unless endorsed)</b>				<b>Received By DSV</b>			
Name Of Receiver (PLEASE PRINT CLEARLY): <b>ESHA</b>				Name Of Courier (PLEASE PRINT CLEARLY): <b>MAYLOR</b>			
Date Received: <b>14/12/18</b>		Time Received: <b>0934</b>		Date Received: <b>12/12/2018</b>		Time Received: <b>1700</b>	
Signature:				Signature:			

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Version Control (06/2016)